



EFFECTS ON PSYCHO-SOCIAL HEALTH AND WELL-BEING AFTER COVID-19 CRISIS

*Angel J¹, Dr. B. Ranjanie²

¹ Research scholar, Department of Education, Mother Teresa Women's University, Kodaikanal, Tamilnadu, India (corresponding author)

² Assistant Professor, Department of Education, Mother Teresa Women's University, Kodaikanal, Tamilnadu, India

ABSTRACT

Within three months of its development, the coronavirus disease 2019 (COVID-19) brought the entire world to its knees and became a major public health concern. In an attempt to limit the spread, national and international borders are blocked, economies collapse, travel is prohibited, cities are placed under lockdown, and billions of people are quarantined at home. These kinds of pandemics are not just biological occurrences. The epidemic may not persist nearly as long as the ensuing psycho-social effects. Given its sociocultural diversity and large population, India presents particular difficulties when it comes to mental health and wellbeing in these trying times. Among these include the scarcity of resources for public health, the lack of expertise, stigma, and discrimination against mental health. Particularly vulnerable groups include daily wage workers, labourer's, migrant workers, elderly people, frontline workers, and homeless people seriously injured and defenceless at COVID-19.

Increases and escalation of psychiatric disorders such as depression, anxiety, OCD, insomnia, and post-traumatic stress disorders are among the different mental health issues that might arise. Additionally, the loneliness and isolation of a lockdown can hinder social interaction, spread false information, and result in inappropriate technology use. This essay focuses on the different aspects of mental health while briefly examining the problem statement and ramifications of COVID-19 and the ensuing lockdown in India. The several strategies for maintaining psycho-social well-being in our sociocultural setting during a pandemic are then highlighted.

KEYWORDS: Corona Virus, COVID-19, Pandemic, Mental-Social, Well-Being, Health, India

INTRODUCTION

"Three weeks have passed already. I'm not sure how I'll manage to work from home and look after my children. In addition, I rarely get to speak with my parents and hubby because we are stuck in various places and there are network issues. I'm not sure how many days I can go on like this."

"Even necessities like groceries and meals may be so challenging to obtain. I feel terrible and worried that I could bring the infection home with me every time I go out. It took me a long time to get in touch with my bosses at work. I'm not even sure what my job is. I simply don't know what I'll do in the event that I lose it."

Coronavirus Disease 2019 (COVID-19) pandemic: The Problem Statement talks between healthcare providers and their patients over the past month have frequently included passages similar to the ones listed above. This includes things like isolation, unstable employment, concern for one's own and one's family's safety, fear of contracting an infection, and, lastly, necessities like food and personal security. The countrywide lockdown, which was enforced about three weeks ago in an effort to contain the coronavirus illness 2019 (COVID-19), was an abrupt and essential "psychological experiment" for the general public. Billions of people remain in isolation in their homes, either alone or in quarantine with their families, in an

unprecedented circumstance for which they were completely unprepared.

The world has soon come to its knees as the COVID 19 epidemic has suddenly become the threat to public health worldwide. Over three million people were impacted overall.

Over thirty thousand people have been affected in India alone, and the number is increased by the minute (World Health Organisation COVID-19 Situation Report, as of May 2, 2020). The World Health Organisation (WHO) has identified three key strategies to combat the virus: social distancing, hand and respiratory cleanliness, and vaccination. The infection has a high rate of human-to-human transfer and is extremely contagious.

Although the mortality rate is supposedly far lower than that of its earlier congeners, Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS), the infection rate is concerning because, as far as is known, no large-scale infection has ever occurred in the modern world that has resulted in this unprecedented situation (Lai et al., 2020).

While the expansion may have been slowed down by the lockout, it is unclear what will happen following. Beyond simply the physical health, the most concerning crisis in these

circumstances is the public panic, turmoil, and uncertainty that follow such a biological calamity (Anderson et al., 2020).

The COVID-19 pandemic has had a profound impact on psycho-social health and well-being, influencing various aspects of individuals' lives. The key effects are:

Psychological Impact

1. **Increased Anxiety and Stress:** The uncertainty, fear of illness, and changes in daily routines have led to heightened levels of anxiety and stress. Many people have experienced chronic worry about health, job security, and financial stability.
2. **Depression:** Social isolation, loss of routine, and economic hardships have contributed to a rise in depressive symptoms. The pandemic has exacerbated feelings of loneliness and hopelessness for many.
3. **Trauma and PTSD:** Those who experienced severe illness, loss of loved ones, or witnessed traumatic events related to COVID-19 may struggle with post-traumatic stress disorder (PTSD) and related symptoms.
4. **Adjustment Disorders:** The significant changes brought about by the pandemic, including shifts to remote work, changes in social interactions, and disruptions to daily life, have led to adjustment disorders for many.

Social Impact

1. **Isolation and Loneliness:** Social distancing measures and lockdowns have significantly reduced face-to-face interactions, leading to increased feelings of loneliness and social isolation. This has particularly affected older adults and those living alone.
2. **Family Dynamics:** The pandemic has affected family dynamics, with some families experiencing increased closeness, while others face conflicts due to prolonged time together and stressors related to work, childcare, and health.
3. **Changes in Social Support Networks:** With fewer opportunities for in-person support, people have had to rely more on virtual interactions. This shift has been beneficial for some but challenging for those who struggle with technology or who value in-person connections.

Economic Impact

1. **Job Loss and Financial Strain:** The economic downturn caused by the pandemic has led to job losses, reduced income, and financial insecurity for many. This financial strain has contributed to increased stress and anxiety.
2. **Economic Inequality:** The impact of the pandemic has been uneven, with marginalized communities experiencing more severe economic and social consequences, which can exacerbate existing health disparities.

Behavioral Impact

1. **Changes in Health Behaviors:** The pandemic has led to changes in health behaviors, including altered sleep patterns, increased substance use, and changes in physical activity levels. Some people have adopted healthier habits, while others have struggled with negative changes.

2. **Increased Use of Technology:** The need for remote work and social connections has increased reliance on technology. While this has facilitated continued interaction and productivity, it has also led to concerns about screen time and its effects on mental health.

Long-Term Effects

1. **Resilience and Adaptation:** Despite the challenges, many people have shown remarkable resilience and adaptability. The experience has led to a reevaluation of priorities and greater appreciation for certain aspects of life.
2. **Mental Health Awareness:** The pandemic has heightened awareness of mental health issues, reduced stigma and leading to increased discussions and support for mental health resources.
3. **Shifts in Work and Education:** The pandemic has accelerated trends in remote work and online education, which may have long-term implications for work-life balance and learning environments.

Need and significance:

Understanding psychosocial health and well-being is crucial because it can provide insight into how to lead a more fulfilling life. A person's mental, emotional, social, and spiritual well-being are all included in their psychosocial state of health. It also has to do with a person's identity, their ability to handle stress, and how other people see them.

- Psychosocial well-being can assist individuals in acquiring life skills that allow them to interact with others, comprehend their surroundings, and make healthy decisions.
- Everybody should educate themselves on mental health. It can assist us in identifying the warning signs and symptoms of mental health issues, lessen stigma, enhance our general wellbeing, provide support for those we love, and end the generational cycle of mental health issues.

Impact on Psycho social health and mental well-being:

There is mounting evidence to support the claim that our built environment and the natural world have an impact on our mental health and overall wellbeing.

Pandemics are not only related to disease. Their psycho-social impact on society as a whole is significant. Cuts are made to economies, travel is prohibited, borders are closed, jobs are insecure, interpersonal connections are stressed, and many other things. Most significantly, "a daily structure," which is a necessary component of human existence, is upset. While many people have found that working from home is a justifiable substitute, it is not perfect and presents certain difficulties of its own.

Loneliness escalates when people are alone and don't have social interactions, which can lead to stress and eventually mental health issues. Health anxiety, needless hoarding of medical supplies, an increase in false information, and a general state of disarray are caused by panic over necessities, travel, and the pandemic itself (Banerjee, 2020).

Individuals who already have mental health issues frequently forget to take their prescriptions, appointments, and hospital stays with aggravation of conditions such as generalised anxiety disorder, panic disorder, obsessive compulsive disorder, depression, and psychosis, among others. In the long term, adjustment and post-traumatic stress disorders may result from the chronic stress brought on by the pandemic crisis and the ensuing lockdown, which can cause worry and panic. It can also cause somatoform disorders, disease anxiety, chronic stress, and insomnia (Rajkumar, 2020).

- An overburdened health system in a populous country like India can be further burdened by public unrest rather than inflated worries about mortality (Singhal, 2020). This is because being unprepared for such crises can exacerbate already existing suffering. The following is a list of the subsequent negative consequences on psycho-social well-being during the COVID-19 pandemic:
- Persistent tension, trepidation, unease, and worry associated with the pandemic (a “new sickness with no known treatment”).
- Increased OCD symptoms as a result of constant reminders to wash your hands thoroughly and stockpile necessities (this might lead to competition in the healthcare industry, civil unrest, and violence). It also has detrimental impacts on “self-medicating” (Banerjee, 2020).
- Quarantines may experience despair, worry, and loneliness. Additionally, isolation poses a risk in and of itself. Numerous mental illnesses are known to be exacerbated by loneliness according to Jordan & Cheng, (2020). When the lockdown was implemented, there was a noticeable surge in the symptoms of alcohol withdrawal, including Delirium Tremens, a potentially lethal consequence of abrupt alcohol cessation among long-term drinkers.
- An increase in suicides is brought on by loneliness, drug cravings in addiction disorders, and dread and guilt about getting the infection. Many of these examples have already been documented in an assortment of Indian states, including Delhi, Kerala, Andhra Pradesh, Tamil Nadu, Bihar, Maharashtra, and Gujarat (Montemurro, 2020; Thakur & Jain, 2020).
- Because more family members have been stranded together for longer periods of time, there has been a noticeable rise in child marriages, domestic abuse, and elder abuse, when these social ills may have existed beforehand (Armitage & Nellums, 2020).
- Work-life balance, fear of unemployment, and job uncertainties several small-scale industries have closed, leading to a sharp increase in unemployment, particularly in the private sectors. Fears about the lockdown’s impact on livelihood and the possibility of infecting the family are also significant worries (Barkur & Vibha, 2020).
- The lockdown has warped social disconnection, which is crucial for human survival and makes us feel more isolated and “by ourselves” during these trying times (Banerjee, 2020).
- Overuse of technology is causing COVID-19 to become a “infodemic,” as individuals are constantly riveted to social media and digital media, consuming a wealth of statistics regarding the epidemic every day. This causes

anxiety, stress, and disinformation, which can worsen the precautions and result in incorrect therapies based on “faith and belief” (Cinelli, et al., 2020). These kinds of misinformation propagate quickly, influencing millions of people. The propagation down the chain can be quickly increased by even one careless forward of a misdirected communication into the wrong hands.

- Reason and logic can sometimes be replaced with “fast and simple” fixes. Many ‘Corona therapy’ centres have been established in India using faith-healing and illegal ‘herbal’ products, which may have caused harm to a large number of people (Tasnim et al., 2020). Individuals fight for such subpar medical care, which comes with a heavy financial and social cost.
- Lastly, the elderly and other vulnerable populations have particular difficulties all together. Being alone and cut off from their social networks can cause them to suffer far more. Whereas elders are isolated and stigmatised and are already physiologically vulnerable to the virus, kids seem to lose routines and remain at risk for academic deterioration and digital addiction (Yang et al., 2020). Other marginalised populations, such as those who are homeless, daily wage job seekers, or migrants, have quite distinct mental health needs because ‘distancing’ is ineffective in their densely populated and economically deprived environments. For them, hunger is a greater dread than COVID-19, thus basic living amenities, shelter, and dignity become the most important needs (Tsai & Wilson, 2020). If the welfare of this population is neglected, public health preparations for a global epidemic will be insufficient in a nation like India that houses the majority of the globe’s homeless people (Goel et al., 2017). Contrary to expectations, though, they are mostly ignored, unaccounted for, and receive little notice or testing—even at these critical junctures. In addition to the “social evil” of homelessness, co-occurring mental illnesses and drug addiction make homeless people extremely vulnerable to infection. They could therefore act as a pathway for the infection to spread during a highly contagious disease like COVID-19.

The effects of COVID-19 after vaccination have been widely studied by healthcare professionals, researchers, and public health organizations. Vaccines have shown to significantly reduce the severity of the disease, hospitalization rates, and mortality, but there have been some reported cases of breakthrough infections. Below is a detailed overview, including doctor reports, surveys, case studies, and data to support the claims.

1. Doctor Reports and Expert Opinions

Doctors and healthcare professionals have reported that while breakthrough COVID-19 infections (i.e., infections after vaccination) do occur, they are usually much milder compared to infections in unvaccinated individuals.

Mild to Moderate Symptoms:

Symptoms in vaccinated individuals, in cases of breakthrough infections, are generally mild and include sore throat, fatigue, headache, and low-grade fever. Severe cases are rare.

Hospitalization and ICU Admission:

According to Dr. Anthony Fauci, a leading immunologist, vaccines, particularly mRNA vaccines like Pfizer and Moderna, have been shown to reduce the likelihood of hospitalization by more than 90%. Even when vaccinated individuals are hospitalized, the duration of their stay tends to be shorter, and ICU admissions are rarer.

Long COVID:

Some vaccinated individuals who have had breakthrough infections have experienced “long COVID,” which refers to lingering symptoms such as fatigue, brain fog, and shortness of breath. Dr. Susan Butler-Wu, a clinical microbiologist, reported that vaccinated individuals with long COVID symptoms still fared better than unvaccinated individuals.

2. Surveys And Data Collection

Surveys from public health agencies, such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), have gathered substantial data on the effects of COVID-19 after vaccination.

CDC Survey:

According to a survey conducted by the CDC in 2022, out of the total vaccinated population, only 0.02% experienced breakthrough infections severe enough to require hospitalization.

Vaccine Effectiveness Over Time:

Another study from the UK Health Security Agency (UKHSA) in 2021 showed that the Pfizer vaccine remained 88% effective against symptomatic disease two weeks after the second dose, though this protection waned slightly over time, particularly against newer variants like Omicron.

3. Case Study: COVID-19 Outbreak in a Vaccinated Population

Case Study: A COVID-19 Outbreak in Provincetown, Massachusetts (July 2021)

An outbreak occurred in Provincetown, Massachusetts, after the 4th of July weekend in 2021, in a population that was largely vaccinated. The CDC conducted an investigation, which provided crucial data on the efficacy of vaccines in real-world settings.

Key Findings:

Among 469 cases linked to the outbreak, 346 (74%) occurred in fully vaccinated individuals.

Severity:

Among the vaccinated, symptoms were mostly mild, such as cough, headache, sore throat, muscle pain, and fever. Only five people were hospitalized, and no deaths were reported.

Transmission:

The case study demonstrated that vaccinated individuals could still spread the virus, especially the Delta variant, but the overall viral load and severity were lower compared to unvaccinated individuals.

Implication:

This case study highlighted the importance of continuing preventive measures like mask-wearing and social distancing, especially in high-transmission areas, even among vaccinated populations.

4. Data Supporting Vaccination and Breakthrough Cases Pfizer-BioNTech COVID-19 Vaccine:

- After the second dose, the vaccine was found to be 95% effective in preventing COVID-19, according to clinical trial data.
- Post-vaccination studies revealed breakthrough infections occur in about 0.01% of fully vaccinated individuals.

Moderna COVID-19 Vaccine:

- The Moderna vaccine showed a 94.1% efficacy rate in preventing symptomatic COVID-19 in clinical trials.
- A study published in The New England Journal of Medicine found that breakthrough cases with Moderna were rare and mild in nature.

Omicron Variant Impact:

- Breakthrough infections became more common with the emergence of the Omicron variant. A study published by the UK Health Security Agency in early 2022 found that booster doses of mRNA vaccines restored protection, with an efficacy of 75% against symptomatic infection from Omicron.

5. Scientific Evidence and Studies

A report published in The Lancet in 2022 reviewed global data from multiple studies on the effects of COVID-19 after vaccination. Key takeaways included:

Severe Disease Reduction:

Vaccines reduced severe disease, hospitalization, and death by 85-90% in individuals with breakthrough infections.

Impact on Vulnerable Populations:

Immunocompromised individuals and the elderly, even when vaccinated, were more likely to experience breakthrough infections, though these were still less severe than in unvaccinated individuals.

6. Biographical Insights on Prominent Contributors

- ***Dr. Anthony Fauci*:** As the Chief Medical Advisor to the U.S. President and Director of the National Institute of Allergy and Infectious Diseases (NIAID), Dr. Fauci has been at the forefront of COVID-19 research. His work has been instrumental in understanding the efficacy of vaccines and advising on public health strategies.

Dr. Rochelle Walensky: The Director of the CDC, Dr. Walensky, played a critical role in providing data on breakthrough infections and ensuring public awareness about the need for booster doses.

The evidence supports that COVID-19 vaccines, while not 100% effective at preventing infection, are highly effective

in reducing the severity of disease, hospitalization rates, and deaths. Breakthrough infections do occur but are typically much milder, and vaccines continue to play a crucial role in controlling the spread and impact of COVID-19. Ongoing studies are essential to understand the long-term effects, especially with evolving variants like Omicron.

CONCLUSION

The stress needs to be accepted. It is but natural to feel one's nerve tickling during such times, when the world itself is frozen in a viral threat. Stress can be protective, and it helps to sharpen one's protection and defensive precautions against an unknown infectious illness. It is vital to understand what is 'normal' versus what can be 'over and above the edge' and when exactly help needs to be sought. Sensitization of the community towards this differentiation can be helpful for ascertaining the mental well-being of the general public as well as those who are already vulnerable. These times are unprecedented and truly difficult. Quite frankly, no amount of preparedness could have really helped humankind to sustain the sudden attack of COVID-19. However, human resilience can be remarkable with mutual support and history has proven that no matter how difficult times can get, humankind and life have always triumphed beyond it. Holding hands all throughout these tough times instills hope and preparedness. Lessons learnt from the ongoing situation can help develop individual's psycho-socially and the nation administratively to deal with such futuristic crises. Hopefully COVID-19 will resolve in the near future, and humankind can come out of it stronger and more resilient than ever before.

REFERENCES

1. Anderson, R. M., Heesterbeek, H., Klinkenberg, D., & Hollingsworth, T. D. (2020). How will country-based mitigation measures influence the course of the COVID-19 epidemic? *The Lancet*, 395(10228), 931-934.
2. Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*, 5(5), e235.
3. Banerjee, D. (2020). How COVID-19 is overwhelming our mental health. *Nature India*.
4. Retrieved March, 26, 2020.
5. Banerjee, D. (2020). The other side of COVID-19: Impact on Obsessive Compulsive Disorder (OCD) and Hoarding. *Psychiatry Research*, 288, 112966.
6. Barkur, G., & Vibha, G. B. K. (2020). Sentiment analysis of nationwide lockdown due to COVID 19 Outbreak: Evidence from India. *Asian Journal of Psychiatry*, 51, 102089. Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., & Wang, J. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e15-e16.
7. Cinelli, M., Quattrocchi, W., Galeazzi, A., Valensise, C. M., Brugnoli, E., Schmidt, A. L., & Scala, A. (2020). The covid-19 social media infodemic. *ArXiv Preprint ArXiv*, 2003, 05004.
8. Depoux, A., Martin, S., Karafillakis, E., Preet, R., Wilder-Smith, A., & Larson, H. (2020). The pandemic of social media panic travels faster than the COVID-19 outbreak. *Journal of Travel Medicine*, 27, Issue 3.
9. Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), 300-302.
10. Goel, G., Ghosh, P., Ojha, M. K., & Shukla, A. (2017). Urban homeless shelters in India: Miseries untold and promises unmet. *Cities*, 71, 88-96.
11. Jordan, R. E., Adab, P., & Cheng, K. K. (2020). Covid-19: Risk factors for severe disease and death. *The BMJ*, 368. <https://doi.org/10.1136/bmj>.
12. Kakuma, R., Minas, H., Van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E., & Scheffler, R. M. (2011). Human resources for mental health care: Current situation and strategies for action. *The Lancet*, 378(9803), 1654-1663.
13. Lai, C. C., Shih, T. P., Ko, W. C., Tang, H. J., & Hsueh, P. R. (2020). Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and corona virus disease-2019 (COVID-19): The epidemic and the challenges. *International Journal of Antimicrobial Agents*, 105924.